

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Communicable Disease and Immunization Division
TULAREMIA / Q FEVER
CASE SURVEILLANCE REPORT

CASE IDENTIFYING INFORMATION

Name: _____ Age or Birth date: _____ Sex: ____ Race: _____
 Address: _____ Home phone: _____
 (Street) (City) (County) Work phone: _____
 Residence: (circle one) Rural Suburban Urban
 Occupation: _____ Place of Employment: _____
 (If infant or student, list school or day care)
 Attending Physician: _____ Address & Phone _____
 Patient Hospitalized: **Y or N** Hospital: _____
 (Admission date) _____ (Discharge date) _____ (City) _____

Date of Current Onset:	This Onset was: (circle one)	Duration of Current Illness: (wks.)
	1. Acute 2. Insidious 9. Not stated	

Original Onset Date if Recurrence:	This Onset was: (circle one)
	1. Acute 2. Insidious 9. Not stated

Circle the Appropriate Answer: (Y)es or (N)o.

SYMPTOMS	Y/N	DURATION
Fever	Y N	
Chills	Y N	
Cough	Y N	
Weight Loss	Y N	
Sore Throat	Y N	
Chest Pain	Y N	
Headache	Y N	

SYMPTOMS	Y/N	DURATION
Malaise	Y N	
Anorexia	Y N	
Cutaneous or mucous membrane lesions	Y N	
Lymphadenopathy	Y N	
Myalgia/arthralgia	Y N	
Other	Y N	

DIAGNOSTIC TESTS PERFORMED: (Chest x-ray, serology, stains and cultures)

Date	Test	Results

Probable source of infection: _____

CIRCLE APPROPRIATE ANSWER:

Is case a **hunter**? **Y or N** **Trapper?** **Y or N**

What animal **species** did case have contact with during **the TWO** weeks prior to onset: _____

Did case see any **ticks** or have any tick bites within **TWO** weeks of onset? **Y or N**

Has case been in contact with any **sick animals**? **Y or N** List Animals: _____

Has case been in contact with **unpasteurized** milk? **Y or N**

Was case present during delivery of baby farm animals? **Y or N**

If yes, please describe: _____

Inhalation of **dust**? **Y or N**

If yes, please describe: _____

Has case ingested any **wild animal** meat within 2 weeks of onset? **Y or N**

If yes, what species? _____

If yes, how was it prepared? _____

Contact with other sources of possible infection: _____

Name of person interviewed and relationship to case: _____ Date _____

Person completing form _____ Health Dept. _____